



## GEORGIA MEDICAID FEE-FOR-SERVICE TRANSPLANT MEDICATIONS PA SUMMARY

Preferred	Non-Preferred
Cellcept suspension (mycophenolic mofetil)	Astagraf XL (tacrolimus extended-release capsules)
Cyclosporine generic	Envarsus XR (tacrolimus extended-release tablets)
Mycophenolic mofetil capsules, tablets generic	Mycophenolic acid delayed-release generic
Myfortic (mycophenolic acid delayed-release)	Mycophenolic mofetil suspension generic
Sirolimus generic	Zortress (everolimus)
Tacrolimus immediate-release generic	

\*PA only required for members 18 years or older

**LENGTH OF AUTHORIZATION:** 1 Year

### NOTES:

- ❖ Cellcept suspension does not require prior authorization for members <18 years of age.
- ❖ If mycophenolic mofetil suspension generic is approved, the PA will be issued for brand Cellcept suspension.

### PA CRITERIA:

#### *Astagraf XL and Envarsus XR*

- ❖ For the prophylaxis of organ rejection in kidney (renal) transplantation, prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic tacrolimus immediate-release, is not appropriate for the member.

#### *Cellcept Suspension and Mycophenolic Mofetil Suspension Generic*

- ❖ Approvable for members with a body surface area (BSA) <1.25 m<sup>2</sup>.
- ❖ In addition for generic mycophenolic mofetil suspension generic, prescriber must submit a written letter of medical necessity stating the reasons the preferred product, brand Cellcept suspension, is not appropriate for the member.

#### *Mycophenolic Acid Generic*

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, brand Myfortic, is not appropriate for the member.

#### *Zortress*

- ❖ Approvable for members 18 years of age or older when used for the prophylaxis of organ rejection in kidney (renal) transplantation. For this indication, Zortress must be administered with reduced doses of cyclosporine and corticosteroids.
- ❖ Approvable for members 18 years of age or older when used for the prophylaxis of allograft rejection who are at least 30 days post-liver transplant. For this indication, Zortress must be administered with tacrolimus and corticosteroids.



**EXCEPTIONS:**

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

**PREFERRED DRUG LIST:**

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

**PA AND APPEAL PROCESS:**

- ❖ For online access to the PA process, please go to [www.dch.georgia.gov/prior-authorization-process-and-criteria](http://www.dch.georgia.gov/prior-authorization-process-and-criteria) and click on Prior Authorization (PA) Request Process Guide.

**QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the current Quantity Level Limits (QLL), please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.